

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-037549

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No.

10
FILED OCT 17 1962

Primary Registration District No.

3002

Registrar's No.

221

STATE FILE NUMBER

VS 300
Rev. 4/59

DATE AMENDED

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY Audrain				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY Audrain			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Mexico		Length of stay in 1b 5Hrs.		c. CITY OR TOWN Laddonia		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Audrain Hospital				d. STREET ADDRESS (If outside, give location)		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Middle Last George Washington Ramey				4. DATE OF DEATH Month Day Year 10 7 1962			
5. SEX Male	6. COLOR OR RACE White	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 5-21-1894	9. AGE (last birthday) 68	IF UNDER 1 YEAR Months Days		IF UNDER 24 HR Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Service Station Attn.		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) Laddonia, Mo.		12. CITIZEN OF WHAT COUNTRY U S A	
13a. FATHER'S NAME George W. Ramey Sr.		13b. MOTHER'S MAIDEN NAME Lucy Dye		14. NAME OF HUSBAND OR WIFE Pearl Ramey			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give dates of service) Yes 1919		16. SOCIAL SECURITY NO. [REDACTED]		17. INFORMANT Address Mrs Pearl Ramey, Laddonia, Mo.			
18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cerebral Vascular Hemorrhage 6 hrs DUE TO (b) Cardio-Vascular Hypertension 10 yrs DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.							
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)						PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)					
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>						
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION		COUNTY		STATE	
21. I attended the deceased from 10-7-62 10:00 AM and last saw her alive on 10-7-62 3:30 PM Death occurred at 3:30 PM on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE H. S. Ashburn (Degree or title)				22b. ADDRESS Mexico Mo		22c. DATE SIGNED 10-8-62	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 10-9-1962	23c. NAME OF CEMETERY OR CREMATORY Laddonia Cemetery		23d. LOCATION (City, town, or county) Laddonia, Mo.		(State)	
24. FUNERAL DIRECTOR Wilkey-Bienhoff Laddonia, Mo.				25. DATE RECD. BY LOCAL REG. 10-8-1962		26. REGISTRAR'S SIGNATURE Blanche Neely	

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
ORTYPEWRITER RIBBON
210 Verberne 20

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

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OCT 18 1962

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

Clyde E. Wilkey

Licensed Embalmer No. 3850

P. O. Address Perry, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.